February 28, 2005

Date

Complete if Known

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Effective on 12/08/2004

Name

(Print/Type)

Rebecca Goldman Rudich

The corner	Complete if Known							
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/662,436				
FEE TRANSMITTAL				Filing Date		September 16, 2003		
FOR FY 2005				First Named Inventor Byoung Ho		Byoung Ho Li	IM	
	OKFI	2003		Examiner Na	me	Minh Toan T.	Ton	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2871				
TOTAL AMOUNT OF F	PAYMENT (S	5)1,240		Attorney Doc	ket No.	8733.435.10		-
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING		SEARCH F			TION FEES		
A 11 11 -	-	Small Entity		mall Entity		Small Entity		a Daid (¢)
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>ree</u>	s Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		9
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180								
Total Claims	Extra Claims	Fee (\$)	Fee Paid	(\$)	Multi	ple Depende		
9 - 20 or HP =	x	50,00	= 0.00		Fe	e (\$)	Fee Paid (\$)	
HP = highest number of tot	•	-			-			
Indep. Claims	Extra Claims 0 x	Fee (\$)	Fee Paid = 0.00	(\$)				
1 - 3 or HP = HP = highest number of inc		d for, if greater th						
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional								
50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$) 100 = 0 / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other: RCE (\$790): Petition for Extension of Time Under 37 CFR 1.136(a) (\$450)							1 240 00	
Otner: <u>RCE (\$7</u>	90); Petition for E	xtension of 1 in	ie Under 37 CFF	(1.130(a) (\$45	0)		1,240.00	
SUBMITTED BY								
- ·			MINO. I Ban	istration No.		Telephone		——
Signature	leve P. 1	Hauses 5	3,005 Reg	orney/Agent)		(202) 496-7	500	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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